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CONFIRMATION NO. 5164

<b>SERIAL NUMBER</b> 10/720,868	<b>FILING OR 371(c) DATE</b> 11/24/2003 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> 03-1017
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**\*\* CONTINUING DATA \*\*\*\*\***

Yes. T.K.A

This application is a CIP of 10/083,793 02/27/2002 and is a CIP of 10/083,792 02/27/2002 PAT 7,142,646  
 and is a CIP of 10/083,884 02/27/2002 PAT 7,190,773  
 and is a CIP of 10/083,822 02/27/2002 ABN  
 which claims benefit of 60/272,122 02/27/2001  
 and claims benefit of 60/272,167 02/27/2001  
 and claims benefit of 60/275,667 03/13/2001  
 and claims benefit of 60/275,719 03/13/2001 ABN  
 and claims benefit of 60/275,020 03/13/2001  
 and claims benefit of 60/275,031 03/13/2001  
 and claims benefit of 60/276,505 03/19/2001  
 This application 10/720,868  
 claims benefit of 60/428,704 11/25/2002  
 and claims benefit of 60/436,018 12/26/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

None T.K.A

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: T.K.A				

**ADDRESS**

32127

**TITLE**

Methods and systems for directory information lookup

<b>FILING FEE RECEIVED</b> 1392	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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